

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030296

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59

Primary Registration District No.

Registrar's No. 143

FILED SEP 12 1962

1. PLACE OF DEATH

a. COUNTY

Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Harrisonville.

Length of stay in 1b

4 Yr.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Pleasant View Rest H.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cass

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

Harrisonville.

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

David M. Hayes

4. DATE OF DEATH

Month

Day

Year

August

28

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3 14 78

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

Hours

Min.

6

14

IF UNDER 24 HR

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (City and state or country)

Cass Co. Missouri.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Colburn
Newton Hayes

13b. MOTHER'S MAIDEN NAME

Lydia Elliott

14. NAME OF HUSBAND OR WIFE

Viola Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Clarence Stair, Kansas City, Ks

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Coronary Atheroma
Cerebral accident
Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

3 days
4 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 1 to Aug 28 and last saw him alive on Aug 28. Death occurred at 4:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. E. Frock, M.D.

22b. ADDRESS

Harrisonville, Mo.

22c. DATE SIGNED

8/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 30, 62

23c. NAME OF CEMETERY OR CREMATORY

Pitts Chapel

23d. LOCATION (City, town, or county)

Harrisonville, Mo. Rural

24. FUNERAL DIRECTOR

ADDRESS

A. O. Nantzler, East Lynne, Mo.

25. DATE RECD. BY LOCAL REG.

9-6-1962

26. REGISTRAR'S SIGNATURE

Ray J. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert W. Altman

Licensed Embalmer No.

4902

R.O. Address

Dr. J. S. M. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.